patient made an uninterrupted recovery, passing thirty-eight ounces of urine on the fourth day, and being discharged on the twentieth. A similar case has been reported by Kelly.

[Comparing these two cases, it would seem as if the plan adopted in the latter was by far the more rational and scientific. The recovery of such an aged patient after extirpation of the kidney must be regarded as decidedly exceptional, and in no respect justifies the performance of such a radical operation, especially as the kidney seems to have been only slightly diseased.—ED.]

HISTOGENESIS OF ENDOMETRITIS.

AMANN, JR. (*Ibid.*), from a study of tissue removed with the curette, is disposed to believe that the condition usually described as chronic endometritis partakes more of the character of a neoplastic than of an inflammatory formation. In so-called "interstitial" endometritis he found marked karyokinesis of the cells of the mucosa and of the endothelium of the smaller bloodvessels, with only a small amount of chromatism. The extensive proliferation of the cells lining the capillaries causes a certain friability of the vessel walls, which explains the tendency of hemorrhage. The surface epithelium in the so-called "glandular" form of endometritis shows little, if any, tendency to proliferate. In another variety of the condition the proliferation seems to be almost entirely confined to the superficial epithelia, though it may affect the deeper layers and lead to the gradual formation of squamous epithelium (*psoriasis uterina*). Leucocytes were found undergoing segmentation, not only in the lymph- and bloodvessels, but in the mucosa. The writer concludes that the general disposition of the cells to karyokinesis and their poverty in chromatin in chronic endometritis is by no means an evidence of malignant degeneration, as might at first sight be inferred.

PÆDIATRICS.

UNDER THE CHARGE OF

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ŒDEMA NEONATORUM.

SEMET (*Thèse de Paris*, 1893; *Revue des Mal. de l'Enfance*, April, 1894, p. 214) states that œdema neonatorum is still often confounded with sclerema—an unfortunate error, because the latter disease is almost always fatal, while the former, though grave, is susceptible of cure. Œdema neonatorum

appears especially in feeble or premature children, when subjected to bad hygienic conditions and exposure to cold, and its chief causes appear to be feebleness of the right heart and weakness of the respiratory muscles. Thoracic aspiration is thus diminished, and hence follows engorgement of the cardiac chambers, of the vessels, and especially of the veins. Œdema usually begins in the first three or four days of life, though it may not appear for several weeks or even months. In all cases before the appearance of œdema, the infant refuses the breast and cries incessantly.

Most frequently the œdema appears first in the lower extremities and gradually extends upward, involving the face and back last; generalized œdema is, however, very rare. Occasionally the arms and face are the first parts affected. The skin, which at first was pale, now becomes red or even violaceous; upon the face and extremities it is cyanosed. At the same time the surface becomes firmer to the touch, and pitting, which at first was easily produced, becomes more difficult to bring out as the infiltration increases; and now movement of the limbs may be impeded, but immobilization of the joints and rigidity of the body, as seen in sclerema, are never observed.

The skin is cold and the thermometer registers a very low temperature, 93° to 95° F. In some cases extraordinary temperatures have been noted: Henning has observed 71.6°, and Letourneau mentions 68° F. A. Robin states that the axillary temperature is always equal to the rectal, if not higher than it.

Unless the œdema affects a wide area recovery may result after four or five days or more. Henning has seen it after seventeen days. The treatment consists in improved hygienic conditions, a tonic regimen, and warmth to the surface. Pulmonary and gastro-intestinal complications, which are frequent, are most to be feared.

In sclerema also there is feebleness; small pulse, sometimes scarcely perceptible; low temperature, and in some cases alteration in the elasticity of the skin; but here the back and shoulders are first affected, and the legs last, while the skin is hard and cannot be pinched up, nor does it pit on pressure. Sclerema rapidly progresses, and the hardening of the skin produces absolute immobility resembling cadaveric rigidity. The lips and face may be so affected that nursing is impossible, and thus the prognosis is very grave and the course of the disease very rapid.

Cystitis due to the Colon Bacillus in the Course of Vulvo-vaginitis in a Child.

Haushalter (*Revue Médicale de l'Est*, 1894, No. 6, p. 171) relates the history of a girl of six years, in whom, during the course of an intense vulvo-vaginitis with abundant yellowish-white discharge, symptoms of severe cystitis appeared. Micturition was frequent and painful, and slight tenderness was elicited by pressure over the hypogastrium. The urethra appeared healthy and no pus could be expressed from it. The urine was normal in quantity, contained no albumin or casts, but deposited a thick layer of pus. Bacterological examination of urine collected so as to avoid external contamination showed the bacillus coli communis. Under a milk diet, rest in bed, and salol administered internally, amelioration was rapid and the cure complete in three weeks.